

FEB 07 2006

PTO/SB/17 (12-04/02)

Approved for use through 07/31/2006. CMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4981). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 09/897,494 Filing Date: 06/22/2001 First Named Inventor: Diane L. Peterson Examiner Name: Andrew Lee Art Unit: 2663 Attorney Docket No.: ATTA-25,514	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	510.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-0780/ATTA-25,514 Deposit Account Name: Howison & Arnott, L.L.P.
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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x		

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge, Petition for Extension (\$510.00))

Fees Paid (\$)
\$510.00

SUBMITTED BY		Registration No. 30,646	Telephone 972-479-0462
Signature		(Attorney/Agent)	
Name (Print/Type)	Gregory M. Howison	Date	2/6/06

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HOWISON & ARNOTT, L.L.P.

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ATTORNEYS AT LAW
PATENT AND TRADEMARK MATTERS

Attorneys:

JOHN J. ARNOTT, P.C.
STEVEN R. GREENFIELD, P.C.
GREGORY M. HOWISON, P.C.
BRIAN D. WALKER, P.C.
DAVID G. WOODRAL

Direct Dial (972) 680-6050
email: ghowison@dalpat.com

TWO LINCOLN CENTRE
5420 LBJ Freeway, Suite 660
Dallas, Texas 75240-2318
Telephone (972) 479-0462
Facsimile (972) 479-0464

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FACSIMILE COVER SHEET

DATE: February 7, 2006
TO: Andrew Lee
COMPANY: U. S. Patent Office
FAX NUMBER: (571) 273-8300
FROM: Howison & Arnott, L.L.P. (Gregory M. Howison)
OUR FILE: ATTA-25,514
SERIAL NO.: 09/887,494
ATTACHED: Transmittal (1); Petition for Extension (1); Amendment (4); Fee Transmittal (1); Credit Card form (1)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/887,494
	Filing Date	06/22/2001
	First Named Inventor	Diane L. Peterson
	Art Unit	2663
	Examiner Name	Andrew Lee
	Attorney Docket Number	ATTA-25,514
Total Number of Pages in This Submission		7

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication is TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Howison & Arnott, L.L.P.	
Signature		
Printed name	Gregory M. Howison	
Date	2/14/06	Reg. No. 30,646

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Gregory M. Howison
Date	2/14/06

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